

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7925**

Registration District No. **750**

Primary Registration District No. **4451**

Registrar's No. **1671**

1. PLACE OF DEATH:

(a) County **Ripley County**
(b) City or town **Doniphan, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **65 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **William E. Weeks 200**

8. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Laura Weeks** 6. (c) Age of husband or wife if alive **DECEASED** years

7. Birth date of deceased **July 21 1861**
(Month) (Day) (Year)

8. AGE: Years **78** Months **7** Days **15** If less than one day **< hr. < min.**

9. Birthplace **Arkansas - Randolph Co.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Thomas Weeks**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Days**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Milton Weeks**

(b) Address **Doniphan Mo.**

17. (a) **Burial** (b) Date thereof **MARCH 8, 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Gratwood Cemetery**

18. (a) Signature of funeral director **Black's Mortuary**

(b) Address **Doniphan, Mo. St. Edwards**

19. (a) **March 8 - 1940** (b) **E. B. Johnston**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **RIPLEY**
(c) City or town **Doniphan**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **years.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **SEVEN**
year **1940** hour **Six** minute **AM.**

21. I hereby certify that I attended the deceased from **1-15-1935**
to month 6 1940 to **month 5 1940**
that I last saw him alive on **month 5 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death.

Chronic Endocarditis, Valvular Disease

Due to

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Signs of injury

23. Signature **Clifford J. J. J.** (M. D. or other)

Address **Doniphan Mo.** Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.